PATENT

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<u>IN THE UNITED STATES PATENT AND TRADEMARK OFFICE</u>

Applicant:	Frank E. Aspen	Confirmation No.	9302
Serial No.:	10/075,901		
Filed:	February 14, 2002		
Examiner:	Audrey Y. Chang		
Group Art Unit:	2872		
Docket No.:	10321US01		
Title:	**ANTI-REFLECTIVE COATING FOR HOLOGRAPHIC DATA STORAGE MEDIA**		

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed April 23, 2004, the period of response for which runs through July 23, 2004, please amend the application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

08/02/2004 PBRITTON 00000003 090069 10075901

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Application Number 10/075,901
Responsive to Office Action mailed April 23, 2004

Accordingly, Applicant has amended claim 1 to include the limitations formerly recited in claim 10, but Applicant has not included the addition limitations of intervening claim 9 into independent claim 1. Similarly, Applicant has amended claim 13 to be in independent form, including all the limitations formerly recited in claims 1 and 13, but Applicant has not added the limitations of intervening claim 12 to independent claim 13.

Applicant has also amended claim 18 to include the limitations formerly recited in dependent claim 10, which the Examiner indicated as being patentable subject matter. Applicant has also amended independent method claim 19 to recite the formation of the specific layers formerly recited in claim dependent 10.

New claims 23 and 24 have been added. New claim 23 recites a system including features formerly recited in claim 13, which the Examiner indicated as being patentable subject matter. New claim 24 recites a method claim including the formation of the specific layers formerly recited in claim 13.

Conclusion

All claims in this application are in condition for allowance. Applicant respectfully requests reconsideration and prompt allowance of all pending claims. Please charge any additional fees or credit any overpayment to deposit account number 09-0069. The Examiner is invited to telephone the below-signed attorney to discuss this application.

Date:

_7/23/4_

Imation Legal Affairs
P.O. Box 64898
St. Paul, Minnesota 55164-0898
Telephone: (651) 704-3604
Facsimile: (651) 704-5951

By:

Name: Eric D. Levinson
Reg. No.: 35,814

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10321 US01

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	22	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20=	* 2
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X$ 9=		OR	X$18=	36
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	776

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 21	Minus	** 22	=
Independent	* 6	Minus	*** 3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	258
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.